

poor, severely isolated projects that invariably fail. Just a few blocks from the Robert Taylor Homes are pleasant high-rise projects for senior citizens.

"Imagine, the United States Government owns the housing where an entire class of citizens permanently lives," Mr. Dole said, as if this were fantastically improbable. Yet in most industrial countries a much larger portion of the population lives in Government housing. Three percent of Americans live in public housing, as opposed to more than a fifth of the population in Great Britain, Germany, France and the Netherlands. What's unusual about American public housing is that it serves primarily the very poor.

It is paradoxical that Mr. Dole chose to stage his attack on public housing at a realtors' convention, because the real estate industry, by and large, supported the construction of the worst projects. In the 1950's and 60's, African-American migrants from the South were streaming into the big cities, and part of reason for the building of the projects was to contain them within the existing ghettos so as to avoid residential integration.

In any case, the mistake of the high-rise, all-poor projects was fairly quickly realized; in 1968, Congress banned the construction of any more them. These projects have no defenders except for unaccountably loyal groups of residents. To set high-rise projects up as being the fruits of a real political position, as some critics of public housing have, is to create a straw man.

Under Secretary Henry Cisneros, the Department of Housing and Urban Development has begun demolishing about 30,000 of the worst high-rises. The agency is also trying to reinstate policies of giving preferences to people with jobs and swiftly kicking out criminals.

In his speech to the realtors, Senator Dole called for replacing public housing with a voucher system. But we already have a voucher system, called Section 8, which is perpetually underfinanced (partly because the real estate industry is so effective in lobbying against its expansion) and thus has very long waiting lists. Mr. Dole has repeatedly voted against increasing financing for the program, and he failed to support Mr. Cisneros's proposal last year for a major new housing voucher program.

There is an alternative to old-style public housing. In the decades since we stopped building new projects, hundreds of thousands of units for the poor have been created by local community development corporations, private groups that have sprung up around the country since the 70's. On the whole, this is housing that works. Those who haven't visited the South Bronx lately would be amazed to see how vastly areas thought of as desolate have been improved by the new and renovated housing that community groups have put up.

These groups do exactly what Mr. Cisneros is trying to do in public housing: Screen tenants, create a mix of working and very poor people, oust criminals, maintain security forces big enough for residents to feel safe and keep the overall scale of developments manageably small. It's not an exotic, recedent, high-risk formula.

Often people point to the success of the community development corporations as proving that the private sector can succeed where the Government has failed. The implication is that any involvement by the Government is fatally corrupting. But the community groups are heavily financed by the Government. More than three-quarters receive Federal dollars (Washington gives them more than \$300 million each year) and more than half receive state money. The experiments in tenant management pushed

strongly by Jack Kemp, Secretary of Housing and Urban Development under President George Bush, were also federally financed.

It should be kept in mind, too, that the disastrous large-scale urban public housing projects were constructed and operated not by Washington but by local housing authorities. In recent years, HUD has begun taking over the management of projects from the most incompetent of the local authorities.

The view that Federal is always bad and state and local are always good just doesn't apply in public housing. The Federal Government pays for virtually all public housing and contracts with local organizations to run it. The key variables are whether the project's rules are sound and whether the local group in charge is competent.

The conditions in the worst public housing projects are horrifyingly bad and constitute a real moral crisis. It is outrageous that week after week children continue to lose their lives to the violence of the projects and we don't do anything about it. It doesn't do public housing residents who live in fear and misery any good to be told that what they're going through is attributable to "socialism" and therefore can't be helped.

#### GAO IN SUPPORT OF H.R. 2839

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 7, 1996*

Mr. STARK. Mr. Speaker, on December 22, 1995, I introduced a bill, H.R. 2839, entitled the Medicare Medication Evaluation and Dispensing System of 1995 [MMEDS]. The MMEDS would provide the tools and information to beneficiaries that are necessary to reduce the high instances of adverse drug interactions, overmedication, incorrect duration of drug treatment, and other problems that the elderly face with prescription drugs.

The GAO report issued in July, 1995 called Prescription Drugs and the Elderly strongly supports the changes my bill proposes. Statistics show that the present system does not serve the elderly well:

[A GAO analysis] showed that an estimated 17.5% of the almost 30 million senior citizens in the survey used at least one of the drugs generally identified as not suitable for elderly patients in 1992 (p. 4).

Several studies have shown that adverse drug reactions greatly harm the elderly: They cause an estimated 17 percent of the hospitalizations of elderly patients, a figure 6 times greater than that of the general population, 32,000 hip fractures per year, and 16,000 car accidents per year. "The FDA estimates that hospitalizations due to inappropriate prescription drug use cost about \$20 billion annually" (p. 5). Because these statistics of harm to senior citizens and the costs associated with it are so frighteningly high, the necessity for reform of the elderly's prescription drugs dispensing system is further justified.

According to several experts interviewed [by the GAO], lowering the elderly's risk of adverse drug reactions requires that more detailed information on the impact of drug therapies on the elderly be developed and disseminated to health practitioners . . . Increased communication between and among physicians, pharmacists, and patients is vital to ensuring that this process is effective (p. 8).

The MMEDS would provide an on-line, real-time prospective review of drug therapy before

each prescription is filled or delivered to an individual receiving benefits under Medicare. The review by a pharmacist would include screening for potential drug therapy problems due to therapeutic duplication, drug-drug interactions, and incorrect drug dosage or duration of drug treatment.

In the bill I have introduced, as part of the prospective drug use review, any participating pharmacy that dispenses a prescription drug to a Medicare beneficiary would be required to offer to discuss with each individual receiving benefits, or the caregiver of such an individual—in person, whenever practicable, or through access to a toll-free telephone service—information regarding the appropriate use of a drug, potential interactions between the drug and other drugs dispensed to the individual, and other matters established by the Secretary of DHHS. The Secretary would be given the duty to provide written, oral, or face-to-face communication to pharmacists and physicians concerning suggested changes in prescribing and dispensing practices.

The report issued by the GAO discusses the need for more oversight of the distribution of prescribed medicines to our Nations' elderly. Unless something is done, the increase in the number of elderly in our society will increase the amount of drugs wrongly prescribed. By implementing the Medicare Medication Evaluation and Dispensing System Act, we could greatly improve the quality of care our Nation's elderly receive when they are prescribed medication.

#### HONORING THE MOORESVILLE VOLUNTEER FIRE DEPARTMENT

HON. BART GORDON

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, May 7, 1996*

Mr. GORDON. Mr. Speaker, I am taking this opportunity to applaud the invaluable services provided by the Mooresville Volunteer Fire Department. These brave, civic-minded people give freely of their time so that we may all feel safer at night.

Few realize the depth of training and hard work that goes into being a volunteer fire fighter. To quote one of my local volunteers, "These firemen must have an overwhelming desire to do for others while expecting nothing in return."

Preparation includes twice monthly training programs in which they have live drills, study the latest videos featuring the latest in fire fighting tactics, as well as attend seminars where they can obtain the knowledge they need to save lives. Within a year of becoming a volunteer firefighter, most attend the Tennessee Fire Training School in Murfreesboro where they undergo further, intensified training.

When the residents of my district go to bed at night, they know that should disaster strike and their home catch fire, well-trained and qualified volunteer fire departments are ready and willing to give so graciously and generously of themselves. This peace of mind should not be taken for granted.

By selflessly giving of themselves, they ensure a safer future for us all. We owe these volunteer fire departments a debt of gratitude for their service and sacrifice.